

PART B - FEE(S) TRANSMITTAL

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OCT 18 2007

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44183 7390 10/03/2006

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Nina L. McNeill (Depositor's name)
/Nina L. McNeill/ (Signature)
October 18, 2007 (Date)

10/22/2007 FHETEK12 00000105 201430 10761922

01 FC:1501 1440.00 DA

02 FC:1004 1440.00 DA

03 FC:1001 1440.00 DA

APPLICATION NO.

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10761,922

01/20/2004

Cary J. Reich

WMPUS-5879(1)CIP

2159

TITLE OF INVENTION: HEMOACTIVE COMPOSITIONS AND METHODS FOR THEIR MANUFACTURE AND USE

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/03/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
MOHAMED, ABDEL A	1654	314-002000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Townsend and Townsend
and Crew LLP

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignor is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Baxter International Inc.

Baxter Healthcare S.A.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Deerfield, IL

Zurich, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 5

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

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Authorized Signature /Nathan S. Cassell/

Date October 18, 2007

Typed or printed name Nathan S. Cassell

Registration No. 42,396

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